K091023

MAY 21 2009

SYBRON DENTAL SPECIALTIES

Section III - 510(k) Summary of Safety and Effectiveness

Submitter:

Sybron Dental Specialties, Inc.
1717 W. Collins Avenue
Orange, California 92867
(714) 516-7602 - Phone
(714) 516-7472 - Facsimile
Wendy Garman - Contact Person

Date Summary Prepared: April 2009

Device Name:

- Trade Name – Metamorphosis
- Common Name – Dental Composite Restorative Material
- Classification Name – Tooth Shade Resin Material, per 21 CFR § 872.3690

Devices for Which Substantial Equivalence is Claimed:

- *Herculite Ultra,* Kerr Corporation
- *Premise Flowable,* Kerr Corporation

Device Description:

Metamorphosis, a nanohybrid composite, is a light-cured, resin-based, dental restorative designed for direct placement.

Intended Use of the Device:

Metamorphosis is intended for direct placement in all cavity classes in anterior and posterior teeth. Additional indications include base/liner material, repair of enamel defects, repair of temporaries, repair of porcelain restorations, minor occlusal build-ups, pit and fissure sealant, cement for ceramic / composite veneers, core buildups and incisal abrasions.

Substantial Equivalence:
Metamorphosis is substantially equivalent to other legally marketed devices in the United States. *Metamorphosis* functions in a manner similar to *Herculite Ultra* and *Premise Flowable*, all currently marketed by Kerr Corporation.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAY 21 2009

Kerr Corporation
C/o Ms. Wendy Garman
Director, Regulatory Affairs
Sybron Dental Specialties, Incorporated
1717 West Collins Avenue
Orange, California 92867

Re: K091023
Trade/Device Name: Metamorphosis
Regulation Number: 21 CFR 872.3690
Regulation Name: Tooth Shade Resin Material
Regulatory Class: II
Product Code: EBF, EBC
Dated: April 8, 2009
Received: April 10, 2009

Dear Ms. Garman:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please contact the CDRH/Office of Surveillance and Biometrics/Division of Postmarket Surveillance at 240-276-3464. For more information regarding the reporting of adverse events, please go to http://www.fda.gov/cdrh/mdr/.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Susan Runner, D.D.S., MA
Acting Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K091023

Device Name: *Metamorphosis*

Indications For Use:

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Prescription Use ✓ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Kei Mulay for MSR

(Division Sign-Off)
Division of Anesthesiology, General Hospital
Infection Control, Dental Devices

510(k) Number: K091023